

UNRECORDED
WRITE PLAIN—NO UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of Globe
Town of Globe
or
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147
County Registrar No. _____
Local Registrar No. 118

2. Full name of child Norma Louise Karchner
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth 5-9-27
Month Day Year

8. FATHER
Full name Jack Melvin Karchner
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Duncan Arizona
(State or country)

13. Occupation
Nature of Industry miner in mine

20. Number of children of this mother: (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Irma Gertrude Wakefield
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Taylor, Arizona
(State or country)

19. Occupation
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:00 p. m. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
(Physician or midwife)
Address P. O. Box 636, Globe, Arizona

Given name added from a supplemental report
Month, day, year

Filed 5-31-27 19

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Registrar

Local Registrar. W. W. Honyx
County Registrar.

529-509-964